

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1						51		
2	1	2					52		
3	2						53		
4	2						54		
5	2						55		
6	2						56		
7	2						57		
8	2						58		
9	2						59		
10	2						60		
11	2						61		
12	2						62		
13	2						63		
14	2						64		
15	2						65		
16	2						66		
17	2						67		
18	2						68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	1	9	1	1	1	1	TOTAL DEP.		
TOTAL CLAIMS	9	1	1	1	1	1	TOTAL CLAIMS		